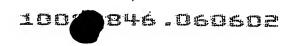


PLEASE NOTE

(Rev. 12/19/01)

YOU MUST COMPLETE THE FOLLOWING



Attorney Docket No. 1929-01109

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

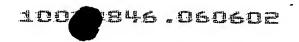
P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	invention entitled: PHARMACEUTICAL COMPOSITIONS AND THEIR USE IN THE TREATMENT OF NEOPLASTIC DISEASE							
nsert Title:								
Fill in Appropriate	the specification of which is attached hereto. If not attached hereto,  the specification was filed on 4th APRIL 2002  ;							
Information - For Use Without	United States App	(if applicable) and/or						
Specification	and amended on	- PCT						
Attached:	and amended on the specification w International App amended on	; and was						
	amended on	(if applicable)						
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal							
e-	Regulations, §1.36.  I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof or more than one thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the prior to this application that the invention has not been patented or made the subject of an inventor's certificate issued before the prior to this application filed by me or my legal date of this application in any country foreign to the United States of America prior to this patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.  I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent of the patent or inventor's certificate having the priority benefits under Title 35, United States Code, §119(a)-(d) or patent or inventor's certificate having the priority benefits under Title 35.							
	a filing date before that or the application on what proving							
	Prior Foreign Appli				Priority C	laimed		
Insert Priority		GВ	10	0.04.1999				
Information:	9923431.2	(Country)	<u>(N</u>	Ionth/Day/Year Filed)	Yes	No		
(if appropriate)	(Number)	(Country)		3.13.2000	Ø			
	0014420.4		<u></u>	Ionth/Day/Year Filed)	Yes	No		
	(Number)	(Country)	•	, ,.				
	OI when	(Country)		Ionth/Day/Year Filed)	Yes	No		
	(Number)	(Country)						
	(N.L. sala and	(Country)	<del></del> <del>(</del> N	lonth/Day/Year Filed)	' Yes	No		
	(Number)	(Country)	16:4- Codo \$119(a)	of any United States provisi	onal applications(s) li	sted below.		
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.							
Insert Provisional	(N/A)			Million David				
Application(s): (if any)	(Application Number)			(Filing Date)	***			
	(Application Number)							
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
	_		cation Number	Date of Filing (I	v(onth/Day/Year)			
	Country							
Insert Requested Information: (if appropriate)	(N/A)			U-is d Shake and /or F	CT application(s) list	 ed below and		
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclos information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
Insert Prior U.S.	(N/A) :					red)		
Application(s): (if any)	(Application Number) (Filing Date)		g Date)		(Status - patented, pending, abandoned)			
	(Application Number	(Filing	ζ Date)	(Status - patent	ed, pending, abandor	red)		
Page 1 of 2	(Application (value))	,	•					

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Attorney Docket No. 1920-01172

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

## BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statement and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code anthat such willful false statements may jeopardize the validity of the application or any patent issued thereon.

uti Name of First or Soft Inverpior: nert Name of Invertior Invertior Document in Signal	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	X	X9/5/12X				
Consumeral is Signal	JOHN CARTER  Residence (City, State & Country)  A12		CITIZENSHI					
nsert Residence nsert Citizenskip -	Harrow, Middlesex. UK		BRITISH					
nsert Mailing Address	MAILING ADDRESS (Complete Street Address including City, State & Country) 246 Kenton Road, Harrow, Middlesex, HA3 8BY, UK							
ull Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)		CITIZENSHI	P				
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
ull Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)		CITIZENSHI	P				
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
uli Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)		CITIZENSHI	P				
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
ull Name of Filth Inventor, if any: weakny	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)	CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
elt Name of Sixth Inventor, if any: we abuse	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)	CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)							